

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ALZHOUSZNT		APPLICANT ALZHOUSZNT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	AD FILED		APPLICANT ALZHOUSZNT		APPLICANT ALZHOUSZNT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
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TOTAL CLAIMS						